

## ICD-10 FAQ's and Update

**What is ICD-10?** ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System) consists of two parts:

1. ICD-10-CM for diagnosis coding
2. ICD-10-PCS for inpatient procedure coding

### Who will have to use ICD-10?

ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA), not just those who submit Medicare or Medicaid claims. ICD-10-CM is for use in all U.S. health care settings *so home health agencies will have to start using this coding set*. ICD-10-PCS is for use in U.S. *inpatient hospital settings only*, so home health agencies will no longer be required to use procedure coding. (CMS now allows us to omit listing procedures in OASIS item M1012 – Inpatient Procedures; look for this item to be eliminated from the OASIS data set in preparation for ICD-10).

### Why do we need to make this change?

ICD-9 is 30 years old, has outdated terms, and is inconsistent with current medical practice. ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full. Finally, the rest of the world has been using ICD-10 for several years, so the United States needs to get up to date!

### When is the implementation date for ICD-10?

It's official: CMS has delayed the ICD-10 implementation date to October 1, 2014.

A new OASIS data set, designated OASIS C-1, is in the works, with the revisions centered on the switch to ICD-10 coding. No date for the new OASIS C-1 as yet – continue to use the current OASIS C data set until further notice (even though the expiration date is July 31, 2012).

### What are the similarities and differences between ICD-9 and ICD-10-CM?

Virtually every diagnosis code will be different, and long-standing coding guidance will not apply to ICD-10. The biggest challenge will be for veteran coders who will have to “unlearn” ICD-9 coding guidance and go back to basics to learn ICD-10 coding.

#### Similarities:

- Abbreviations, punctuation, symbols and notes are used
- “Unspecified” and “not otherwise specified” codes will be available
- Official Coding Guidelines to compliment conventions and coding instructions (draft version under revision for ICD-10 for HH)
- Same format: Alpha Index, Tables for Neoplasms and Drugs & Chemicals, Tabular divided in chapters roughly by each body system

### Differences:

- Expanded specificity and detail in ICD-10: left/right/bilateral, injuries, post-op complications, diabetes, and more
- More combination codes: for example, most diabetes manifestations will be a single combination code in ICD-10 instead of the multiple codes currently used.
- Diabetes no longer classified as controlled or uncontrolled, coded “w/hyperglycemia”
- Injuries grouped by anatomical site in ICD-10, instead of type of injury as in ICD-9. For example: Head fracture, wound, burn, etc. all listed together.
- Changes in some code definitions, ex: definition of AMI changes from 8 to 4 weeks
- New codes reflect modern medical knowledge and updated medical terminology
- Diagnosis coding under ICD-10 uses 3 to 7 alphanumeric digits instead of the 3 to 5 numerical digits used with ICD-9. (ICD-10 codes may be 3, 4, 5, 6 or 7 characters)
- All ICD-10 codes will begin with a letter of the alphabet; the alpha characters are not case sensitive:
  - A & B: Infectious and Parasitic Diseases
  - C: Neoplasms
  - D: Neoplasms, Blood, Blood-forming Organs
  - E: Endocrine, Nutritional, Metabolic
  - F: Mental and Behavioral Disorders
  - G: Nervous System
  - H: Eye and Adnexa, Ear and Mastoid Process
  - I: Circulatory System
  - J: Respiratory System
  - K: Digestive System
  - L: Skin and Subcutaneous Tissue
  - M: Musculoskeletal and Connective Tissue
  - N: Genitourinary System
  - P: Pregnancy, Childbirth and the Puerperium
  - Q: Congenital Malformations, Deformations and Chromosomal Abnormalities
  - R: Symptoms, Signs and Abnormal Clinical and Lab Findings
  - S & T: Injury, Poisoning, Certain Other Consequences of External Causes
  - U: *no codes listed, will be used for emergency code additions*
  - V, W, X, Y: External Causes of Morbidity (homecare will only have to code how patient was hurt; other settings will also code where injury occurred, what activity patient was doing)
  - Z: factors Influencing Health Status and Contact with Health Services (similar to current “V-codes”)
- ICD-10 will use a dummy placeholder “x” in some codes to allow future expansion and fill out empty characters when a code contains fewer than 6 characters and a 7<sup>th</sup> character applies (use of “x” won’t be optional).
- The ICD-9 rule against using acute fracture codes in home care changes – ICD-10 does not have aftercare codes for trauma, allows home health to use the acute fracture code with a seventh digit to show it is a subsequent encounter for care:
  - Extension A, initial encounter: used while patient receiving active treatment

Extension D, subsequent encounter: used for encounters after patient has had active treatment of the injury and is receiving routine care for the injury during the healing or recovery phase (current definition of aftercare code)

Extension S, sequel: used for complications or conditions that arise as a direct result of an injury (current definition of late effect code)

- ICD-10 will still use aftercare codes for post-op care
- ICD-10 does not provide sequencing directions (like “code first” and “Use additional code” in ICD-9)

### What do home health agencies need to do to prepare for ICD-10-CM?

1. Agencies have completed the first step by upgrading to Version 5010.
2. Check with your billing service, clearinghouse, or practice management software vendor about their transition plans. If your agency handles billing and software development internally or if you use paper forms, you should plan for medical records/coding, clinical, IT, and finance staff to coordinate on the transition to ICD-10.
3. Watch for the updated version of the OASIS data set, OASIS C-1, with revisions to accommodate ICD-10 diagnosis codes in M1010, 1016, 1020, and M1022. M1012 (Inpatient Procedures) will be eliminated. There will be other minor changes in the OASIS C-1 data set.
4. Develop an implementation strategy that includes an assessment of the impact on your organization, a detailed timeline, and a realistic budget. Identify personnel that will require training and start preparing them. AHIMA estimates 16 hours of coding training and an additional 10 hours of practice coding to become proficient in ICD-10 coding.
5. **Right now**, begin updating your clinicians’ knowledge of anatomy, pathophysiology, medical terminology, and pharmacology. You will need this knowledge before you begin learning the ICD-10-CM code set, which is much more detailed and complex than ICD-9.
6. Get familiar with ICD-10 codes: learn the ICD-10 counterparts for the most commonly used ICD-9 codes, gradually orient to the ICD-10 system.
7. **Begin training on the ICD-10 code set 6-9 months in advance of the implementation date.** Purchase an ICD-10 manual, schedule training for your coding staff, arrange coding coverage while coders are in training, allow for the “learning curve” when ICD-10 finally goes live.

### Where can I find information about ICD-10-CM and the steps to take?

1. The ICD-10-CM (2010 version) available at <http://www.cdc.gov/nchs/icd/icd10cm.htm> or at <http://www.cms.hhs.gov/ICD10>
2. General Equivalence Mappings (GEMs) assist in converting data from ICD-9 to ICD-10, and other ICD-10 resources and training materials will be available through CMS at: <http://www.cms.gov/ICD10>
3. Professional organizations will provide training and CEU’s required for coding certification in ICD-10; check the American Health Information Management Association (AHIMA) for training information.

## **Bottom line on ICD-10?**

Whether you are pleased about the delay or not, ICD-10 is coming to the United States in October 2014. Consider the benefits of ICD-10: It will make our health care system more efficient and cost effective, more robust data will help improve healthcare quality reporting, and it will bring the U.S. up to date with coding in the rest of the world (every other country is using ICD-10 now).

CMS has announced they expect no new updates to the ICD-9 code set for 2013, which means no new, revised, or deleted diagnosis codes effective October 1, 2012. In addition, they plan no new code changes to ICD-10 until October 2015. *A code freeze means there will be no new codes, but there can still be changes to the tabular list and alphabetical index and guidelines in the meantime.*

***As we gain another year to prepare for the ICD-10 implementation date, here's a thought: the rest of the world is gearing up for the move to ICD-11 on October 1, 2015.***